The White House Conference on Handicapped Individuals

ECONOMIC CONCERNS

State White House Conference Workbook

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The White House Conference on Handicapped Individuals

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Dear State White House Conference Delegates:

It is with admiration and appreciation that we welcome your participation in this State White House Conference.

From the beginning of White House Conference activities, we have placed great importance on the deliberations of State Conferences.

The recommendations emanating from your Conference will form the basis of actions at the White House Conference itself.

We encourage each delegate to use this Conference to impact in new ways on State and local governments, the private sector and the Federal Government to bring greater independence, dignity and full participation into community life for all mentally and physically handicapped individuals.

We wish you great success in an endeavor that will benefit handicapped individuals for years to come.

Sincerely,

Henry Viscardi

Dr. Henry Viscardi, Jr.
Chairman, National Planning
and Advisory Council

Jack F. Smith

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Executive Director

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OVERVIEW
THE WHITE HOUSE CONFERENCE ON HANDICAPPED INDIVIDUALS

The mission of the White House Conference on Handicapped Individuals is comprised of three goals:

- -- to provide a national assessment of problems and potentials of individuals with mental or physical handicaps;
- -- to generate a national awareness of these problems and potentials; and
- -- to make recommendations to the President and Congress which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity, and with full participation in community life to the greatest degree possible.

The White House Conference on Handicapped Individuals was authorized with the passage of Public Law 93-516. Title III of that law stated that there were some "seven million children and at least twenty-eight million adults with mental or physical handicaps," and that "it is of critical importance to this Nation that equality of opportunity, equal access to all aspects of society and equal rights guaranteed by the Constitution of the United States be provided to all individuals with handicaps."

Toward that end, the President was authorized to call a White House Conference which would "develop recommendations and stimulate a national assessment of problems, and solutions to such problems, facing individuals with handicaps." Announcement of the Conference was made by the President on November 22, 1975, with the date for the National Conference set for December 1976, and then changed to May 1977.

The result of the White House Conference should be new advances by and for handicapped individuals, with this movement picking up momentum following the publishing of recommendations. If the recommendations and implementation plan are to be instrumental in generating that momentum, they must emerge as a consensus from a broad base of support. The purpose of the National Conference is to become a focal point for such a consensus.

For the National Conference to be successful, it must be representative of the same base of support which is needed later in carrying forward the recommendations. First, it is especially critical that the energies and ideas of handicapped people be engaged. At least 50 percent of the State delegates to the White House Conference will be handicapped, and 25 percent, parents or guardians of handicapped individuals. Professionals who provide services and others from business, labor and government who are interested in the problems of the handicapped will attend.

The criterion for a successful Conference also includes the opportunity for free participation by the delegates. At the same time the deliberations must be focused on what already has been defined as key issues.

To meet the goal of national awareness, the Conference and the issues must have good public visibility. Since the National Conference is necessarily limited in the number who can participate, it is well to include as many interested individuals as possible in defining the issues and providing the preliminary national assessment leading up to the National Conference.

Among the ways to secure this greater involvement and to channel needs and recommendations on issues to the delegates at the National Conference is through meetings at the state and local levels. This approach will also assure that attention is drawn to the actions that can be taken at the local and state levels to assist handicapped people in meeting their goals. The White House Conference activity should focus on recommendations for action by all sectors at all levels of national life, and not just by the Federal Government.

Our strategy, then, is to encourage the sponsorship, locally, of forums at which primarily handicapped individuals can introduce their views into the Conference process. At the state level (including the District of Columbia and the territories), preliminary White House Conferences will be held as intended by Congress. Reports of findings from both these types of events will be channeled into the National Conference for review and discussion prior to final recommendations.

In order to assure that local and state reports lend themselves to summarization for National Conference delegates and for the final report, a standard format has been developed for reporting. In addition, "awareness papers" have been written by experts in the field and given to leaders of State Conferences. Five broad areas cited by Congress are covered: health, educational, social, economic, and special concerns. These papers have initiated work on the national assessment goal. They define the barriers faced by people with

various handicaps and review what we already know about how those barriers can be overcome or minimized.

To get the kind of involvement necessary to generate national awareness foreseen in the Conference goals, we will enlist every major national organization and government agency to take an active part in the Conference activities before, during, and after the National Conference itself. Members of Congress and their staffs will also be involved to maintain their support.

In support of all these activities, and overlaying them in pursuit of the national awareness goal, will be a public affairs program.

With sufficient administrative support, we believe this strategy can be implemented and will be successful in creating the climate and the specific steps necessary to enable handicapped individuals to realize their potentials as contributors to American life.

The final White House Conference report to the President will offer very specific solutions to problems facing individuals with handicaps, and an implementation plan to the President and Congress will insure follow-up of Conference recommendations.

DEFINITIONS

1. Alternate -- An appointee from a State as an observer to the National White House Conference who may, at the appointment of the State White House Conference Director, fill a vacancy as an official delegate when an official delegate is unable to attend.

2. Awareness Paper -- Topical material, applicable to an assigned subject area, researched and organized in order to establish the foundations for informed Conference discussion and resolution of the vital issues affecting all handicapped persons at the local, State and National levels.

3. Conference Plan -- The three major goals of the Conference and the objectives and strategies necessary in order to achieve these goals.

4. Consumer -- A handicapped individual or a parent, guardian, sibling, or spouse of a handicapped individual.

5. Delegate -- A representative to the Conference who is the only Conference participant to hold voting privileges.

6. Delegation -- A group of Conference delegates selected to represent other individuals at the National Conference.

7. Goal -- A long-range objective or target stated in broad, general terms.

8. Grant Application -- Forms provided by the White House Conference to the states which must be submitted for all grants awarded under Title III, White House Conference on Handicapped Individuals Act.

9. Handicapped Individual- Any person who a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; b) has a record of such an impairment; or c) is regarded as having such an impairment.

10. Issue -- A question - resolvable in two or more ways - formulated for the purpose of determining what broad policy or action should be taken to move toward a specific, goal-oriented objective.

11. Level of Participation- Includes, but not necessarily limited to: 1) delegates; 2) observers.

12. Local Forum -- A public meeting, radio program or television program involving open audience discussion related to the problems and potentials of physically and mentally handicapped individuals and suggested solutions to those problems, the results of which to be channeled into the State and/or National Conferences for review and discussion prior to final recommendations.

13. National Conference -- A meeting of official delegates from each state, members of the National Planning and Advisory Council, delegates-at-large, and observers, for the purpose of discussing the issues, developing and refining recommendations and plans for action to be made to the President and Congress, which, if implemented, will enable individuals with handicaps to live their lives independently, with dignity, and with full participation in community life to the greatest degree possible.

14. National Planning and Advisory Council -- A Council appointed by the Secretary of Health, Education, and Welfare composed of 28 members, of whom not less than ten shall be individuals with handicaps appointed to represent all individuals with handicaps,

and five shall be parents of individuals with handicaps appointed to represent all such parents and individuals, to provide guidance and planning for the Conference.

15. Observer -- A person identified as holding some special interest in the work and objectives of the Conference who may attend the Conference, but is nonvoting and nonparticipating.

16. Program Guidelines -- A set of focused, strategically feasible principles and plans for action to provide directions for Conference activities.

17. Recommendation -- A proposal for specific action designed to implement policies and to move toward goals.

18. State -- Includes the several States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Trust Territory of the Pacific Islands.

19. State Conference -- A formal meeting to interchange views among individuals with handicaps; members of their families; representatives of Federal, State and local governments; professional experts; and members of the general public recognized by individuals with physical or mental handicaps as having knowledge about problems affecting their lives, for the purpose of considering all issues related to the mission of the Conference, and shall be required to address specific issues as outlined by the White House Conference on Handicapped Individuals.

20. State Director of White House Conference Activities -- The person(s) appointed by the Governor to direct and coordinate White House Conference activities at the State level.

21. State Grant	-- Sum appropriated by Public Law 93-516 to be made available to each State through the Secretary of Health, Education, and Welfare, upon application of the chief executive, in order to assist in meeting the costs of that State's participation in the Conference program, including the conduct of at least one Conference within each such State.
22. White House Conference on Handicapped Individuals	-- Authorized, by Public Law 93-516, as a joint effort between the Federal Government and the States and their citizens to develop recommendations and stimulate a national assessment of problems, and solutions to such problems, facing individuals with physical or mental handicaps.
23. White House Conference Program	-- All activities at the local and State levels, related to the overall goals of the Conference, the results of which may be channeled into the National Conference for review and discussion prior to final recommendations.

ROLES AND RESPONSIBILITIES OF DELEGATES TO THE STATE CONFERENCES

State Conferences must address and propose recommendations for at least two issues (see Section F, Summaries of Awareness Papers and Issues) for each of the 25 Conference topics (see Section E, White House Conference Topics).

What is an issue?

An issue is defined by the White House Conference as:

> "A question--resolvable in two or more ways-- formulated for the purpose of determining what broad policy or action should be taken to move toward a specific, goal-oriented objective."

This is the formal definition of an issue. But what does that mean to you, as a State Conference delegate, in the generation of issues and the subsequent recommendations which will follow these issues? It will be the purpose of this paper to help you learn the format for formulating issues and resolutions because, if you do so, you will assure that your state has been adequately represented in formulating the National White House Conference agenda.

How does that work? Remember that the agenda of the National Conference is based on the issues and the resolutions submitted by the States. When your State's Conference report is submitted to the White House Conference (within 30 days after completion of the Conference(s)), the staff members will take it apart, issue by issue, and synthesize it with all other State inputs to reduce it to the fewest common issues, plus all the unique issues that arise. The National Conference agenda will then be composed of meetings which will consider all these issues and their recommendations, and the National DELEGATES will vote on which issues and which recommendations should be addressed in the final implementation plan of the Conference. So, to assure that your State's input is adequately handled, it is extremely important that your issues and your recommendations be clearly understood, and consistent in format to the reports of issues from other States. If they are not, the information could be misunderstood, misinterpreted, and misplaced.

An issue might look like the following

> In a time of competition for scarce public funds, what innovative approaches can be taken by education administrators to assure maximum utilization of available dollars?

What makes this a good issue? It is open ended. You should be able to think of at least two good answers. You will probably be able to think of clue words that could suggest whole implementation strategies, clue words such as "monitoring systems," "voucher systems," "management training," "parent monitoring," "cost benefit studies," "legislative lobbying," etc., etc. The issue should be, in fact, a stimulus for brainstorming because it is so open ended.

And notice that the answers, which you brainstorm as clue words, are broad--they encompass many actions--they suggest systems that will produce measurable results. That also makes it a good issue, because the clue words and thoughts stimulated by the question imply broad actions that should be taken to move toward a goal-oriented action.

What is a goal-oriented action? In the above issue, that goal-oriented action is easily inferred--the goal is to secure more public funds for more services of education to handicapped individuals through increased efficiency. You can probably measure that, you know, by counting dollars and individuals served through education.

So, the issue is good because:

(a) it succinctly restates the problems (this is optional, but a good idea when possible),
(b) it obviously has more than one answer,
(c) the answers to the question have to be broad and far reaching, and
(d) the answers will result in a goal which is suggested by the issue.

What are some of the problems in formulating issues?

In some instances new issues will be formulated. A common error in developing issues is to ask a question that only has a "yes" or "no" answer. "Should the Bureau of Education for the Handicapped regulate the placement of children in special education program?" is not a good issue, because it can only be answered by "yes" or "no." That could be restated as: "Given that many children are misplaced in special education classrooms, what mechanisms can be instituted which will assure appropriate placement of each handicapped child in a special education program?"

Likewise, an issue is not good if it is too specific or narrow. A bad example: "What activities can the Handicapped Children's Early Education Program of the Bureau of Education for the Handicapped initiate that will promote further spread of curriculum for Early Education programs"? This asks a question that has definite limits, legislative and fiscal limits, only addresses one agency, and only works with a selected small target group. It would be better if the issue were phrased as: "Since the number of pre-school handicapped children served is significantly small, what actions or policies can be taken which will stimulate the growth of early intervention programs for this population?" You can see that the "good" issue will certainly provoke more innovative answers, with broader implications, than the "bad" issue.

All of these good issues also suggest goals and objectives, appropriate placement of greater numbers of children, and growth of early intervention programs. Practice formulating issues. Give yourself a problem, and then formulate an issue. You will soon find that issue making is not easy--but necessary--before you are through with your task.

But what about recommendations? The important thing to remember about recommendations is that they should, absolutely, irrevocably, and ineradicably, SUGGEST A PLAN OF ACTION IN CLEAR TERMS.

The reporting form asks States the level of agency that your recommendation will affect: Federal, state, local or private. Interpret this as the level(s) of agencies that will MOST IMMEDIATELY be affected by your recommendation. If your recommendation for stimulating growth of early childhood programs is one of intensive research at the university level, mark "private." If the recommendation is for a national information campaign, mark "federal." Or if more than one level is suggested, mark any or all that are appropriate.

The question about the disability(ies) affected is self-evident, and should need no explanation.

But then you are faced with formulating the recommendation. How do you develop a solution? As clearly, definitively, detailed and succinctly as possible. The easiest and best way to write a recommendation is to follow the reporters' code--Who, What, Why and How:

* Who should implement action toward the goal?
* What actions should be taken to reach this goal? (notice the plural of the word action)
* Why is this action superior to others and why should it be done this way? Sometimes this statement comes first.
* How should these actions be started, and by what time schedule?

As an example, assume you want to recommend that a public media campaign be used to stimulate growth of early childhood programs. You will develop a broad statement of your recommendation as the "Solution." Specific action steps to be taken would be presented as the implementation plan.

Solution: Growth of early intervention programs for handicapped children appears to be limited by general lack of knowledge about the benefits, as well as the methods of such procedures. Therefore, it is recommended that a wide-scale media campaign be mounted which will impart the information on human and cost benefits of early intervention projects to all taxpayers and attempt to influence their support of further growth. Such a campaign should depict successful projects of early childhood intervention and demonstrate the increased ability of handicapped children to cope as a result of early intervention.

Implementation Plan: The Bureau of Education for the Handicapped, through funds earmarked for Early Childhood Intervention Programs for the Handicapped, should award a contract for a public media campaign to impart information about the benefits and methods of establishing pre-school early intervention programs. Although such a program could involve state and local education information dissemination agencies, it is felt that a national effort is necessary to insure the rapid growth of programs and to reach more persons who will eventually have to decide on fiscal support.

Since funds already exist for activities like this in the Bureau of Education for the Handicapped, it is recommended that a contract for this work be awarded by January 1978 and that the campaign be mounted before the end of the 1977-78 school year. Such a campaign should utilize both print and nonprint media, with heavy saturation.

At the end of 1978, all state school systems and identifiable private service systems should be surveyed to ascertain growth of numbers of pre-school intervention programs.

That is a recommendation, broken into a "solution" and an "implementation plan." It is succinct, it gives a rationale, it answers the goal question of the issue, it locates the catalytic agency, it gives time schedules, it provides an evaluation of itself, and it suggests contents.

The importance of your role as a State delegate, in assuring that meaningful recommendations are developed as a result of the White House Conference, cannot be overemphasized. The success of the Conference depends upon you, the State delegate, and the degree to which you present meaningful solutions to the National Conference delegates for their consideration in May 1977.

WHITE HOUSE CONFERENCE TOPICS

HEALTH CONCERNS (HEC)

I. Research
II. Technology
III. Diagnosis
IV. Prevention
V. Treatment

SOCIAL CONCERNS (SOC)

I. Attitudes of the General Public Toward Handicapped Individuals

II. Psychological Adjustment of Handicapped Individuals and Their Families

III. Recreation

IV. Participation in Cultural Activities

V. Architectural Accessibility

VI. Transportation Accessibility

VII. Communications: Techniques, Systems, Devices

ECONOMIC CONCERNS (ECC)

I. Employment
II. Economic Opportunity
III. Economic Security

EDUCATIONAL CONCERNS (EDC)

I. Preschool (0-5 years)
II. School Age (5-21 years)
III. Post School (21 years plus)

SPECIAL CONCERNS (SPC)

I. Problems of the Severe Multiple Handicapped

II. Community and Residential Based Housing

III. Service Delivery Systems

IV. Civil Rights of the Handicapped

V. Unique Problems of Handicapped Minorities

VI. Unique Problems of Disabled Veterans

VII. Unique Problems of the Handicapped Aging

SUMMARIES OF AWARENESS PAPERS AND ISSUES

These Summaries were prepared by subject-matter experts to serve as one resource for discussions leading to solutions of problems facing all individuals with mental and physical handicaps. The Issues were prepared by the White House Conference, with input from consumers, organizations, other technical experts and the National Planning and Advisory Council. The Summaries and Issues were not intended to be all-inclusive, but were designed to stimulate discussion.

The White House Conference on Handicapped Individuals acknowledges, with deep appreciation, the production support from the Naval Ship Engineering Center, U. S. Navy.

ECONOMIC CONCERNS

Summary and Issues on

EMPLOYMENT AND THE HANDICAPPED

Awareness Paper Prepared By

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I. EMPLOYMENT

SUMMARY OF AWARENESS PAPER

An Overview

The problems of unemployment and underemployment among the nation's population of physically and mentally handicapped persons are serious. They persist despite remarkable improvements in medical care, rehabilitation, right-to-work legislation, modification of environmental barriers, placement programs and gradual changes in attitudes among disabled individuals, employers and the general public.

There are more than 35 million physically amd mentally handicapped persons in the United States according to the 1970 Census. Of that number, approximately 11.7 million are listed by the Census as having been disabled for more than six months, not institutionalized and between the ages of 16 and 64.

At the time of the 1970 Census, over 6 million disabled persons were not in the labor force. Some were not working by choice. They pursued roles as students or homemakers, or participated in programs that would cause a loss of subsistence funding if the individual accepted paid employment. But many of the handicapped persons are prevented from joining the labor force as a direct result of environmental and attitudinal barriers imposed by our society.

Clearly, the state of unemployment and underemployment among disabled men and women can, and must, improve. The cost in loss of valuable human resources, forced dependency and consumer purchasing power is far too great to be reinforced from a point of logic or policy determination.

Interests and Attitudes

One cannot discuss attitudes related to employment and disabled persons without first discussing interests, for the two are entwined in an intimate way.

Society is full of groups whose chief aim is their own success and perpetuation. We are not criticizing or endorsing such a thing; we are merely describing it. No man sees his interests as another sees them. As figure A sees his desire to make money as ambition, his neighbor, B, may view it simply as greed. Or where, by some new law, B gains a right to which he feels justly entitled, A (who already enjoys the right) may see B as merely trying to take what is not his. All social, economic and political questions are essentially the struggle of one interest with another for a larger share in the sum of society's benefits. Or, to phrase it colloquially, as a famous writer has done, you have the Ins and the Outs: the prosperous and

established, and the wanting and ambitious. The Outs want to have what the Ins have and to get where the Ins are. Since the field of prestige and privilege in any society is not very large, the belief of the Ins is that the more who enter it, the less will be the share for each. So, the Ins want to keep the Outs out.

Now, how is an interest related to an attitude? In what relation do they stand? An intimate one, since one's attitudes are often a product of one's interests. There can be no doubt that an attitude is a social product, and often a product of the social position, or class, that one finds oneself to be in. A person's position in life, the amount of money he earns, the kind of culture he can afford and the status he enjoys, all act to influence the kind of opinions he will tend to have. This is so in almost all cases. One's attitudes usually act, in part, to defend the importance of what one is, has or does; in brief, one's interests. To describe conflicts in this way does, it is true, leave out a great deal. On the other hand, it has the advantage of not making a moral melodrama out of differences of outlook. It implies that any group of interests is made up of groups of people who share that interest, and that no group of people is any better than any other nor any worse. The only thing that differs between them, after the view they take of themselves, is their relative social positions and economic power.

Attitudes of Employers

Employers are one of the most prestigious, largest and most important social groups in our society. The undeniable importance of their function has endowed a great many employers with a belief that their moral standards are superior as well. Even the amount of their economic rewards is assessed on the basis of their better character, for businessmen believe that if you are the author of great accomplishments, you have a right to expect great rewards. The business community basically believes it should be paid out in accordance with the importance of what it puts in. Such a system of thought is a basic part of America's way of thinking, and it has provided to all of its people an unprecedented incentive, for it encourages all those who feel they have merit to exert themselves in the cause of their own success.

To put it another way, men are going to be morally proud when their pride is based on real and substantial achievements. Businessmen are correct when they acknowledge that their economic position is one of great power. The whole social structure rests upon the kind of labor that they do. The abuse to which employers are subjected--the rhetoric that would condemn them as monsters of bias, who put profits before principle and greed before their fellows--is the kind of abuse that always nips at the heels of success. It is a tribute to the preeminence industry enjoys. Businessmen are, in fact, just ordinary human beings, not better nor worse than any other group of people who have the success of their own personal

interests at heart. Employers are not insensitive. Rather, they are people who want to get on with what they regard as their own aims and who do not like to be told what to do.

In just the same way that handicapped people are convinced they know their own needs best and become uncomfortable when the non-handicapped attempt to speak for them or pretend to know what those needs are, so are employers impatient of being dictated to in matters they regard as knowing best themselves. Hiring workers of any kind is, for an employer, a business practice, not an act of social conscience, or a display of tenderheartedness.

In the past, appeals made to employers for them to hire handicapped people were made in terms of money--that it was good business to hire the handicapped. This is a thing which handicapped people have come to resent, for they see the hiring of disabled people as an issue of human rights--a recognition by employers of the moral rights of all Americans to work. But in the past, no one--not even the bulk of the disabled themselves, saw it in this way. Seeing it in this way is, we agree, a wonderful progress of conscience, except one must remember that in the past, business, labor and government saw the matter in the only way it could--as an economic, not a moral issue. As far as an employer was concerned, there were workers who could perform the work and those whom he suspected could not. In business, defects of performance, added expense, serious inconvenience--these were sober business factors and had nothing to do with whether or not one had a hard or a soft heart. The grounds that industry had to act from were business grounds; that, plus an unawareness or apathy of the government as the deplorable predicament of handicapped people led everyone to go right on with hiring practices which experience had never led them to question. It has taken the passage of Section 503 of the Rehabilitation Act of 1973 for many employers to become aware at last of what they were doing. "We had a medical department that thought it was saving company money by only hiring Greek gods," the Wall Street Journal quoted a personnel officer for a large midwestern manufacturing firm. "We have completely abandoned that approach. Now we're trying to fit a person to a particular job."

Attitudes of Disabled People

It is hardly a surprise that as years passed and as other portions of the populace--other minorities--succeeded in obtaining rights denied them, the impatience of handicapped people began to mount. Anxieties, mortifications, slights and deplorable embarrassments of every description are not economic factors. Yet they were (and for many still are) the essential stuff of the handicapped person's everyday life. The enormous number of public annoyances in this country reminded the disabled persons of their hardships and acted to double them.

As a group, most disabled people balked at the moral pretensions of industry, labor and public employers. They shared the judgment of sociologist C. Wright Mills that, "People with advantages are loathe to believe that they are people with advantages. The disabled saw those influencing employment not as a group of individuals whose character was made of better, superior stuff, but a group who had a greater share than other people of those things and experiences that are most highly valued ... who have the most of what there is to have ... which include money, power, and prestige and all the ways of life to which these lead."

It was all very well for employers to want to push forward their own interests, but when the disabled person compared his lot with that of employers, he found it to be singularly grim. Where an employer or a member of a closed shop was well-to-do, disabled families of four were finding it difficult to earn more than $7,000 a year.

Industry's view of itself was made especially irritating by the fact the disabled knew themselves to live in a country whose central political rhetoric talked incessantly of equality of chance, or a system of society that was open to all, free to all, full of hope for all. And even while the disabled saw it was true for a large portion of the country's people, they saw when they looked at themselves that their own lives were in dramatic contradiction to the dream.

Even then, it was only slowly that handicapped people began to be aware of the problem the attitudes America's employers posed to them. When it came to obtaining work, the question was, what was the greatest problem a handicapped person had to face--his own handicap or those attitudes? Since employer studies, like the DuPont study of its disabled employees, had proved that handicapped people had an ability on the job equal to the nonhandicapped in accomplishing work of the same kind, why was it so hard to find work?

The situation was intolerable and the disabled, at last aware of themselves as the Outs, asked for things to be made equal between the two parties. To effect this, they appealed to the public and the courts.

The Law

For years the stock response to employers was that they did not discriminate against anybody on the basis of a handicap, and that they had no objection to hiring handicapped people, provided that disabled job applicants were qualified to do the work. That this view was less than complete was made clear by the passage of the Rehabilitation Act of 1973. Section 503 of the Act makes it illegal for all companies who do at least $2,500 worth of annual business

with the government to discriminate against handicapped individuals in employment practices. It also requires them to design "affirmative action" plans for hiring handicapped people or face loss of Federal contracts. More than 2,000,000 companies and institutions that employ more than one-third of the U. S. work force are affected.

The passage of the Rehabilitation Act ended any argument that industry had been making of its innocence of discrimination against handicapped people in its hiring. No law prohibits what does not exist. By attempting to correct a wrong kind of behavior, a law acknowledges that such behavior does indeed take place. Thus, complaints by handicapped people over the years appear at this point to be indisputably true. According to the Wall Street Journal, disabled persons have so far filed job discrimination complaints against such companies as General Motors Corporation, Western Electric, RCA Corporation, U. S. Steel and many other industrial giants, a total of 423 complaints as of January 1976.

Industry sees itself as having to be on a constant defensive because every new movement of a minority toward its full rights seems to take industry as a target. Business is not opposed to human rights, but the grounds it has to act from are business grounds and reforms are expensive. One must understand that the traditional attitude of industry toward most movements of social reform has been to agree that it wants to see that needs are met and it is willing to help meet them, but only if it can be done without economic detriment to itself. Business reasons that it ought not to give away to any cause more than it can spare, it should itself be in a want and should have to seek the economic aid of others and would only, by thoughtless charity, have replaced one social injustice with another. Their own situation requires they study their own interests first. Labor, in other ways, poses similar arguments based on self-interests.

In fairness to employers, there are perplexing aspects of the Act. For one thing, Section 503 requires that a 'reasonable accommodation' be made for the disabled worker, which may mean that companies may have to make expensive changes in offices and factories. And firms' outlays for life and health insurance 'seem sure to rise because the law covers persons who have suffered serious illness,' as the Wall Street Journal notes. 'Must a company spend thousands of dollars to accommodate an employee's handicap?' asked the U.S. Chamber of Commerce which noted that until the question was settled, there would 'hardly be a large push by companies to employ the handicapped.'

The handicapped retorted to this by asking when--ever--had there been a 'large push' to employ handicapped people in this country? And if there had been, why was there a need for a law? The disabled saw in the Chamber's kind of statement new evidence of the same old selfish bias, the same indifference to moral obligation,

and suspected that employers were simply casting about for new excuses that would enable them to go on in the same old way they always had. Those most militant of the disabled were convinced that they could obtain justice only by filing complaints and fighting the matter out in the courts. Further, the same debate occurs between disabled advocates and organized labor, and governmental institutions and agencies.

Resolving the Differences

When difference of opinion occurs, it is best to assume of the people you oppose that they are not entirely unlike yourself. Nothing makes intelligent thought more impossible than to suppose that your opponent is totally wicked while you are in the right.

Employers are made nervous at being an object of suspicion of disabled advocates. Employers sometimes cannot understand the urgency of handicapped demands or they are offended by the tone in which they are made. This happens because employers are secure. They enjoy an ease and dignity which can only arise from the inner certainty that comes when one's place in life is a definitely established fact of one's world, from which one cannot be excluded, ignored or snubbed. That same dignity and assurance are what the handicapped are seeking through jobs to achieve, and yet employers do not yet seem to understand this fact. The question then becomes, how can both sides come to understand each other? How can both sides enter each other's point of view?

Two courses of action seem intelligent at this time: campaigns of public persuasion and use of the courts and the law. And even the second requires use of the first. Let us then speak to campaigns of public information first.

All campaigns whose purpose is to inform the public mind recognize that no one can have sympathy for, or take an interest in, what they do not know anything about. The point is not as simple as it sounds. It is hard to enter the feelings of another. What a man feels about a matter is based upon what he knows (or imagines he knows) about it. All politicians who spend a part of a day in a wheelchair acknowledge this. Their action is an attempt to put themselves in another's place, not imaginatively, but physically. Some misfortunes are unimaginable, and it would seem the daily lot of handicapped people is beyond the imagination of most of us. The conclusion then would seem to be that we cannot take an interest in what another experiences until we get placed in a situation which forces us to experience the same thing.

Hence, public information campaigns, especially television spots, are important. It is not simply that the medium reaches such an enormous number of people; the importance lies with the nature of the medium itself. Sights, like words, have a meaning. If you

see a person in a wheelchair confronted by an office building with a flight of steep steps, one doesn't need to say 'barrier,'--one experiences in part what the word 'barrier' means.

It must be stressed that for the majority of employers, as for the majority of our people, a handicapped person is something they do not know firsthand, but is an imaginary entity which cliche, rumor and stereotype have labeled with some name or other, but whose truth is hardly dependent upon the actual facts. When the popular mind thinks of handicapped people, it thinks of a mere figment which they suppose to be true.

The danger can come when people view an involuntary fault, like ignorance, as a willful fault, like persecution. The understanding of employers of the hardships of disabled people is far from sufficient, as we have said. But this is partly because the needs of handicapped people are special needs. It is an error of logic to claim your needs are special and expect them to be widely known and understood at the same time. Yet some handicapped advocates do this. The same advocates also talk as if employers were totally wicked and yet the appeals these advocates make to them are usually couched in moral terms, using words like 'justice,' 'freedom,' 'dignity' and 'equality.' The fact is, employers are not wicked. They have been acting unjustly, which is not the same thing.

Every group puts its own interests first and only takes pain to be fair to others when it is compelled to. When men learn to act from moral obligation, there will be no need for law. Until then, there is a need for law and a need to understand the need for it. A law is not a tool for quarreling, as some management representatives and public administrators might suppose. It is, in fact, by history and design, a means for reconciling competing and hostile interests--a part of the civilized process by which a society ensures that all of its members shall be treated in the same way. The law is the use of force, but it is force used for the purpose of confirming agreement, of restoring a balance missing between two unequal parties. A campaign of public information can both help explain the law itself and make clear the desperate needs it helps to meet.

The main thing to remember is that this struggle of disabled individuals is no different than the struggle of any other minority group in our culture to obtain and enjoy its just rights, a just right being that which is due to someone by fair claim. To view the matter in this way stops it from being a melodrama taking place between good and bad.

The handicapped are impatient--what they want in seeking work is due them by just claim. But society is a creaking, cumbrous thing of which it can be said only that it does move and however painful and slow, progress does take place.

Education and the Handicapped

We need at the outset to define what we mean by education. It is the tradition of liberal arts to define education in the sense of development of mental powers or the formation of moral character. We do not mean to use the word in this way. We are talking about education as something which enables a person to earn a living. We are talking about education only in connection with a livelihood, a job that fits in with the needs and requirements of a society. The choice of a livelihood, a job, is limited by the capacities of the individual, and also by the kinds of activity favored or discouraged by the society the person inhabits. People view the idea of a livelihood differently. Some people will view their job as a means of obtaining power or distinction--others will be content to earn a very modest living in order to pursue a vocation which seems more worthwhile to them than it does to their neighbors. Still others want to live in what they accomplish in their leisure time.

Handicapped individuals may hold all of these views, but it is the view of this paper that what handicapped people require is an education suited to their own special needs and that the chief aim of such education should be to enable its student to earn his own living through a job.

We know that one of the single greatest defects of American education is that it educates people for jobs which do not exist. As it stands now, there is no established national system of manpower and curriculum planning, which means that education is always out of step with the job market. The difficulty is serious.

It is the assumption of this paper that it is up to educators to make certain that no training is undertaken by handicapped clients unless the educators have a clear idea of what the training is for--which means a definitely available job. It is also our recommendation that detailed job market knowledge can best be obtained if educators and businessmen worked together. An interesting example of this kind of fruitful cooperation can be seen in the Work Orientation Program for the Severely Disabled College Student, set up at the Human Resources Center at Albertson, Long Island, in New York. The students taking part were referred to the program by the local Office of Vocational Rehabilitation. They spent their first week as part of a 'team' those purpose was to help them assess their abilities realistically and to teach them techniques required to look successfully for a job.

In the words of the authors of an article about the program, Houseman and Smith, "...a close working relationship was developed between the business community and rehabilitation personnel...relevant part-time employment or summer employment was secured for those students who had successfully completed the orientation... The participating employers agreed to pay one-half the student's salary ($1.00 per

hour) for a maximum of 400 hours. The Project Coordinator provided follow-along services for both employers and students."

The employers were as large as BankAmericard, the American Red Cross or as modest as local museums and hospitals. Throughout the student's four years in the program, the rehabilitation counselor worked with the student and the employer to make sure that the skills the student was being taught were ones which the employer could make full and prompt use of, once the student had completed the course. Jobs included such positions as library aide, social work assistant, draftsman and many others. Out of the 29 students who participated in the program, 21 were placed in jobs after graduation.

Career Education

Career education is considered as an area within the total curriculum which is aimed at participation in an occupation or other productive endeavor. A successful career education program should emphasize the strengths of the participants and should emphasize labeling and limitations. This is especially important for handicapped persons who have been made painfully aware of their shortcomings. The range of potential among students should also be taken into account in order to gear training to specialized needs.

In addition to training in a specific vocation, students must also receive instruction in personal skills, work habits, etc., in order to equip them for changes in their vocational situations and to maximize their level of independence.

By using the resources of the schools in education, business and industry must also be tapped for the provision of job placement, work experience, consultation, etc. If business and industry become involved in the development of curricula and training programs, their reluctance to hire handicapped persons can be substantially diminished. Actual on-the-job experience provided by business and industry can also help to alleviate the fears and insecurities of the handicapped person.

Agencies which have provided some form of career education outside the schools have included local and state vocational rehabilitation programs. The National Advisory Council on Vocational Education, however, recently criticized the vocational rehabilitation program and called for more services to special populations. They also noted that the more severely handicapped were the victims of agency policies which rely on rapid case closures for demonstrations of performance.

Training

Training on all levels continues to be an integral part of a handicapped individual's potential for securing and succeeding on a job.

The Federal Government, recognizing the need for adequate job training, has made major fiscal investments in model programs that serve deaf individuals. Two of the most successful are St. Paul Technical Vocational Institute (TVI) in Minnesota, and the National Technical Institute for the Deaf (NTID) in Rochester, New York.

TVI and NTID are based on the principle of establishing educational and training programs based on the long-range needs of business and industry. Industry participates in establishing both the curriculum taught and the evaluation of programs to keep it current.

While TVI is primarily regional and provides training above the high school level for deaf students, NTID provides technical, professional and masters degree programs in business, engineering, science and health services. NTID is located on the hearing college campus of Rochester Institute of Technology, which has the added feature of deaf and hearing students learning and living together, providing an atmosphere that will compare to what deaf students will face when they graduate. At NTID, personal and social development of a student is as important as the technical skill acquired.

In both TVI and NTID, support services such as interpreting, notetaking and tutoring are provided for students who require them.

In the final analysis, it is the job placement success that sets these programs apart from others. TVI has a 93 percent job placement record, while NTID stands at 96 percent.

Placement Systems

A recurring dilemma has been echoed many times by employers and professionals in the field of vocational rehabilitation. Employers contend that workers cannot be found for the available jobs that they feel handicapped people can do. On the other hand, professionals in rehabilitation contend that employers are not receptive in trying handicapped individuals for jobs that are not so-called positions reserved for the handicapped.

Several similar concepts have been introduced to solve this dilemma. Programs such as selective placement, reengineering, job modification and job restructuring have been providing solutions that are beneficial to both employers and workers in the field of vocational rehabilitation.

The U. S. Civil Service Commission has appointed selected placement coordinators in each of its Federal agencies to assist in

selective placement of severely disabled people. Many times the job must be modified to take advantage of the special aptitudes and skills of the person. An example of job modification would be for a blind testing specialist to trade off the duties of scoring the test in lieu of administering the test for another specialist. In turn, one of his co-workers perhaps could score all tests and the blind testing specialist could administer his fellow worker's test. This job modification will still allow for the total job to be completed with both individuals having contributed skills for which they were best qualified. The same concept of job modification can also be accomplished in the private sector by taking a new look at old jobs. However, sometimes a job may not need to be modified, but simply restructured to accommodate a severely handicapped individual. On an assembly line, certain tasks simply may be switched.

The present stage of technology has also made it possible for some jobs to be reengineered. Machines that are operated by hand controls can many times be reengineered for foot controls. Reading machines have been devised for blind individuals and special assistive devices for persons with diseases of the central nervous system. A nonprofit organization in Washington, D. C. has had many successes in selective placement by utilization of reengineering. The main objective of this organization is to compile lists of job-ready clients and circulate such lists to various potential employers and organizations. Once an employer shows an interest in a client on the list, resources are then obtained to best match the person and the position.

The concept of private organizations becoming involved in the job search and placement process of the severely disabled is becoming more common throughout the United States. An organization in the northeastern part of the United States, operating with CETA funds, has developed a model program that has received wide recognition throughout the United States. Potential job seekers first register with a job expeditor. It is the expeditor's responsibility to become familiar with the characteristics and skills of the severely handicapped individual seeking employment. This is accomplished by utilization of the following process: an intake interview, background follow-up, referral to job developers, client follow-up and supportive services.

The primary responsibility in job development is to establish and maintain industrial contracts. Then a job developer will forward resumes to arrange job interviews, analyze work progress, do follow-up on the position and the employee and exit interviews (when necessary). In many instances, the job preparation and placement only partially satisfy the needs of the employee. Many times, outside circumstances can add to the success or failure of the job continuance. Such factors as transportation, health services and special equipment can play an important role in the work environment.

The new emphasis on job placement services and those ancillary areas surrounding them is a positive step forward for the handicapped individuals of America seeking employment. Workers in the field of job placement feel that special emphasis must be devoted to the job search and job placement process to exploit fully the vocational rehabilitation system functioning in America.

Rehabilitation and Industry

Rehabilitation is an activity supported by the middle class. The goals of rehabilitation programs, whether made explicit or not, are the ideals of the middle class--a respect for status, money, comfort, ease, security of position and an admiration for job success. A great deal of the modern world holds such ideals in disdain. This paper cannot then be addressed to them; it is addressed to people of the middle class, handicapped and nonhandicapped, to whom work is a value, addressed to people who are respectful of the financial and status rewards that a job can produce. In other words, the assumption made in discussing rehabilitation here is that it will have as its aim a steady and remunerative job for the disabled worker. It is also assumed that the purpose of rehabilitation is not only to get the disabled client a job, but also to help him to remain on it and, when appropriate, to have an opportunity to experience upward mobility in the corporate personnel ladder. In any job, a balance must be reached between what a worker wants from his work and what his work demands from him, and it is obvious that tenure is a most basic indication that a proper balance has been reached.

When we speak of rehabilitation, what we have in mind are really three things--rehabilitation itself--reducing the problems of clients, liquidating their physical or mental disabilities and training and placement. Of the three, we are going to concentrate upon the last. It is well known that placement systems in this country are far from being satisfactory. Let us take the results of the Greenleigh study on workshops, for example. Workshops in this country serve 410,000 clients a year. Yet placements by workshops amount to only 10 percent of all clients from the 2,766 workshops that make up the entire workshop community. While clients of workshops praise and praise highly the rehabilitation that workshops offer, they are keenly aware of how poor the system of placement is. Other, more general studies present equally dismaying results. The discrepancy between job training and job placement was determined by Reed and Miller in a study that found that 45 percent of all clients had been inappropriately placed. That was in 1971.

Critics try to account for placement failures in a variety of ways. Some attack the rehabilitation counselor, claiming his education is inadequate, his attitude toward handicapped people is defeatist, his contact with community employers far too limited to be of any good.

Some attack the U. S. Employment Service and State Employment Services for being ineffectual, noting that the recession has sharply cut back their staff and placement services. It is not our purpose here to try and anchor the shortcomings and defects of the placement system to any group of people or to a particular institution. We begin from the point of admitting that the placement system, for whatever reason, does not seem to work very well, and perhaps it would work better if attempts were made to involve industry in the rehabilitation process from the very beginning of it.

This is not a far-fetched idea. A number of programs coordinating rehabilitation and industry are attempting to define and isolate the elements that result in successful and speedy placement. In 1970, the Department of Health, Education and Welfare provided funding for eleven model programs placing handicapped people in competitive jobs. Housman and Smith (1973) describe the features of one such program developed at the Human Resources Center, a private, nonprofit organization located at Albertson, Long Island. The project was designed for the severely disabled client. The goal was to obtain 'entry-level, white-collar jobs' in the local business community. The first step taken was to construct the Center's training program so that it would resemble each company's on-the-job training programs as much as it possibly could. The rehabilitation staff had to work closely with a business advisory group to select and develop instructions and training equipment. The project tried to place the trainee on the job as quickly as possible with evaluation at the Center limited to eleven weeks. (This included instruction.) Each company assumed the responsibility for training the individual in the specific tasks of each job.

Over 300 clients were served in four years. Their ages ranged from 18 to 65 years. The disabilities included: paraplegia, quadraplegia, hemiplegia, cerebral palsy, cancer, blindness and many others. Of the 300, the program placed 220 in jobs. Over 10 percent of the 220 people had to be placed in more than one job so that placements really numbered around 245. Salaries ranged from $5,000 to $10,000 annually.

The methods of this program are of interest. In the first place, companies took part in it from the time of the first diagnostic interview, at which the client's capacity to accomplish basic job functions was ascertained. The vocational diagnostic interview was developed by the Minneapolis Rehabilitation Center (Sturm, Otto and Bakeman, 1972) and was used in the project continuously. The interview focuses on a specific job goal and determines what the barriers might be to its attainment. The rehabilitation counselor acted as liaison between clients and the industrial firms. Once a company agreed to participate, it appointed a 'company coordinator' to work directly with the rehabilitation agency staff. This enabled the counselor and the coordinator to combine their 'expertise' in a

way that made job training more specific and placement more prompt. The two together filled job openings, arranged for interviews, shared interview results, placed the client and provided follow-up or follow-along services.

The eleven projects, of which the Human Resources Center program was one, are called Projects with Industry (PWI) and indicate the new productive relation that is developing between rehabilitation and industry. Both parties enjoy tremendous advantages from such an arrangement. In the case of industry, by involving itself early in job training and evaluation, it obtains a well-trained employee who has been exactly fitted to its work needs and who has already proved he or she can meet them. The rehabilitation facility gains by receiving specialized training equipment, industrial technical assistance, plus staff back-up.

Sears Roebuck, IBM, Metropolitan Life Insurance, Bankers Trust of New York and the U. S. Civil Service Commission, were only a few of the companies involved. In fact, nearly 500 private industries were involved, representing almost all facets of American business. The soundness of the program is evidenced in part by the fact that nearly three out of every four handicapped individuals served by the programs were placed in the 'competitive labor market.' Also, the quality of jobs secured by the handicapped indicated that the PWI program was opening up new job opportunities for the disabled in career positions in such fields as computer technology, optical, technical and managerial areas (machinists, lathe operators, grinders and supervisors).

From July to December 1973, 1,063 employees were placed in industry out of 1,724 served. This amounts to 62 percent placement, a slightly lower rate than the year before, and yet far below the 75 percent rate reached in 1974. The cost per placement amounted to $1,000 as compared to a placement cost of $2,137 for the State/Federal vocational rehabilitation program. Earnings for the 1,000 clients in 1973 exceeded $5 million and at least $1 million in Federal taxes was paid so that, in effect, the program paid for itself.

There is no doubt that the PWI approach resulted in a higher placement rate than most traditional rehabilitation methods, industry saved the cost of training the disabled and the clients placed by this method were retained by industry because their training was specially tailored to industry's job needs. Industry also benefited from the free 'follow-along' services provided by the project or the State vocational rehabilitation agency to the handicapped, especially during the probationary period of work. The handicapped benefited because their job training was undertaken for a particular position. The handicapped also had a more direct access to some major corporations through the program and they had the opportunity to avail themselves of advanced training techniques and to demonstrate their capacities where it would matter.

Perhaps the expansion of a Projects with Industry kind of program is the type of thing which the severely disabled and other handicapped people most need. It must be emphasized that any first-rate rehabilitation-industry program ought to pay careful attention to severity of disability. The severely disabled in this country need help most and in most cases receive it least. Yet it is severity of disability that acts to keep people out of work. A survey done by Antonio Suazo of 200 workshops in 1972 concluded that the more disabled a person was the harder he became to place, and a study done of disabled veterans by HumRRo in 1974, concluded that even more than education levels, severity of disability was the major difficulty in trying to place clients in ordinary jobs. The new Rehabilitation Act of 1973 places emphasis on the severely disabled and their problems.

The Handicapped and Job Success

In the past, the burden for succeeding in an ordinary job was placed squarely on the bent shoulders of the handicapped person. When entering rehabilitation, he was told rehabilitation was not a thing that was to be done to him, but rather an improvement he must seek and make for himself. When it came to his job, he was told that its success depended on the way he applied himself, without being told that the way he applied himself might depend a great deal upon the attitude his company and his supervisors took toward him. The responsibility never went both ways. We are saying it should. In fact, the greater portion of responsibility for the quality of a worker's performance and morale lies with the company and not with the worker--a fact proven by scientific research. We all know that if we treat people as they are, they remain as they are; they are not expected to improve and so do not. But we know that if we treat people as being capable of much, they will begin to produce, not just what is expected of them, but sometimes much more. This is not a theory. The Kellogg Foundation did a study in 1971 and concluded that as the performance of students seldom rose above the expectations of their teachers, so the teachers seldom rose above the expectations of their administrators. Even more impressive research was conducted by Educational USA in 1967. In one study conducted at a school in San Francisco, it was found that if teachers thought a pupil had a high IQ, the expectation made itself come true--that startling improvements in the pupil's IQ actually occurred within eight months.

For the study, 20 students were presented to their teachers as being possessed of unusual academic ability. Eight months later, the 'gifted' children had gained 2.48 IQ points more than the remaining students of the same class. Yet they were not really gifted, having actually been picked at random. But believing them gifted, the teachers treated them as being so, and the children gained in intelligence and began to do gifted things.

Another research project took place in New Jersey and was entitled, 'Who Failed? A Study of Subject Failure at the Secondary Level,' which confirmed that when a child failed, it most often had to do with the 'low expectations' of parents and teachers rather than with defects in capacity of his own.

Businessmen are usually impatient of this kind of research. They are practical men; the grounds they act from are business grounds. Their main concern is with the new measure that spares waste, the new road to greater wealth, with every instrument that diminishes the cost of production, every discovery that facilitates efficiency. And yet what is more practical than to have workers who do well, who are productive, who remain on the job and who feel satisfied because their work engages their deeper and more abiding feelings and interests. It is when people succeed in their work that they begin to have a real feeling for an interest in the nature of the work itself, rather than the extrinsic rewards of work such as pay, working conditions or fringe benefits. There is no greater tribute to company management than for it to have workers who have a proper love of their work, who, out of pride or a sense of honor, seek to do well in it.

In our own time, we see people willing to battle to the utmost limit for the principle of self-determination, a fancy phrase which means merely that people are only happy in the service of aims that they themselves have chosen. While this idea may prove inconvenient, it is incumbent upon the business community to be able to accommodate it and, most importantly, to try and find out what it may mean to their business. Handicapped individuals and the business community may differ, but the differences of another's thought may fertilize and act to sharpen one's own.

Employers who have been attentive to their disabled workers have usually profited from it. Many employers, like DuPont, for instance, are successful employers of handicapped people, and have helped the disabled to reach that successful balance between what a worker wants from his work and what the work wants from the worker. At DuPont, for example, many disabled employees have remained on the job a long time and have advanced dramatically in salary and position.

So, it can be done.

Conclusion

Handicapped individuals have entered a new era, and nothing heralded it more loudly than the appearance of the Rehabilitation Act of 1973.

There is such a thing as a right to work, to freely choose one's work and to compete fairly for work one is able to do. Handicapped people were ignored by their country as a whole, and by employers

and co-workers as a part of that country. Employers and workers are not wicked and handicapped individuals good. Both have occupied different circumstances, and it is those circumstances which have directed what has been done. Human nature is the same in all men. If a portion ever looks to be better, it is only because it has not been put to the same test.

What both sides should do now is to listen to each other--put themselves in the place of the other--for that is the only point of view that produces a sound understanding. It is the law and the courts are saying that the handicapped people of our country have a right to be able to do work they are fitted to do. That, in their right to earn their own bread by their own toil and to eat and enjoy it, they are the equal of employers and of anyone else.

ISSUES

ECC I-1 What responsibilities do employers in government, industry, labor and the professions have in maintaining confidentiality when employing a person with a history of mental illness?

ECC I-2 Are Sections 503 and 504 of the Rehabilitation Act of 1973, as amended in 1974, adequate in terms of creating job opportunities for all handicapped persons?

ECC I-3 How can existing Federal and State statutes and regulations be modified to improve and expand employment of physically and mentally handicapped persons?

ECC I-4 How can existing corporate tax provisions be modified to improve access to employment for disabled persons?

ECC I-5 How could existing State and county licensing procedures and costs be modified to promote greater access to employment, and transportation to and from work, by handicapped individuals?

ECC I-6 How can attitudes of supervisors be modified to ensure equal opportunity for career advancement for disabled workers?

ECC I-7 What is the most effective means of modifying negative attitudes toward handicapped persons and resultant hiring behavior of employers in the public and private sectors?

ECC I-8 What techniques may be useful in minimizing the stigma of mental illness of persons seeking employment?

ECC I-9 How can business, labor and the professions effectively interact with volunteer, Federal, State and local agencies to support and perpetuate employment programs for disabled individuals?

ECC I-10 How can Federal and/or State agency testing procedures be improved for handicapped individuals?

ECC I-11 How could Federal and/or State hiring procedures be improved for disabled job applicants?

ECC I-12 How can existing Federal and State Civil Service regulations and procedures be modified to permit greater job access, mobility and advancement for disabled individuals?

ECC I-13 How can public and private financial institutions create greater access to venture capital (monies to be invested in self-employment, franchise operations; or stocks, bonds or real estate) for handicapped individuals?

ECC I-14 How can union rules, and attitudes throughout all organized labor in the public and private sectors, be modified to provide greater employment opportunities for physically and mentally handicapped persons?

ECC I-15 How can job training, career and vocational education programs be implemented and expanded to allow physically and mentally handicapped persons to be better prepared for semi-skilled, skilled and technical positions for which, through their qualifications, they should be able to compete?

ECONOMIC CONCERNS

Summary and Issues on

ECONOMIC CONCERNS OF THE HANDICAPPED

Awareness Paper Prepared By

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ECONOMICS AND THE HANDICAPPED

SUMMARY OF AWARENESS PAPER

Economics And The Mission Of The Conference

The Conference is designed (1) to stimulate a national assessment of problems faced by individuals with physical or mental handicaps; (2) to generate a national awareness of these problems and to develop recommendations for legislative and administrative actions, and (3) to allow individuals with handicaps to live their lives independently, with dignity, and with integration into community life.

As it considers policy recommendations designed to achieve these objectives (particularly number (3)), the participants at the Conference will necessarily have to consider economic matters. In the full background issue paper we explore the basic conceptual aspects of an economic approach to the problems of the handicapped and present background information, data and analysis on the number of disabled, the programs designed to assist them and the methodology required to evaluate these programs. In this summary we touch on only some of the background material while stressing the choices facing the Conference participants with regard to programs for the employment of, transfer of income to, and provision of services to the handicapped.

Employment, Transfers And Services

Dignity, independence and integration into community life are fostered for most of us through the means we use to fulfill various social roles. These means include participation in the labor force, as well as participation in leisure pursuits and activities in the home. Even though all 215,000,000 of us are not in the labor force, it is the output of a productive economy on which we all depend for our sustenance. Those who are not actively labor force members obtain a portion of society's output from some combination of family members, past savings, insurance, and public sector transfer and service programs.

Employment

Although definitional complexities are enormous, many of those who are judged as "handicapped" can successfully obtain employment under the right circumstances. Others who are handicapped are unable to overcome either the direct obstacle posed by their condition or the

obstacles raised by factors outside their immediate control including discrimination, architectural and transportation barriers and lack of job information or the necessary skills.

Several questions deserve careful consideration by the Conference if the true nature of the role of employment in the life of the handicapped is to be understood and improvements made in their labor market status. These include:

Which of the handicapped are working and how do they differ from the nonemployed handicapped?

How is the work behavior of other household members affected by the presence of a handicapped member?

How may obstacles beyond the control of the handicapped be lessened? Are legal regulatory actions or cash incentives the most efficient means to reducing existing barriers?

What policy changes are necessary to stimulate and encourage employment?

Transfers

Many handicapped will plan an important role in the household and receive intrafamily transfers. Others will find their financial problems partially overcome by their behavior in the past which resulted in savings and/or privately secured insurance protection against income losses.

The majority of the handicapped who are unable to work have a stake in the vast array of public and private transfer programs now in operation. Historically, such programs have arisen at different times prompted by quite dissimilar events. Workers' compensation is a product of the growing awareness of the toll of industrial injury in the 1900's. Most of the other transfer programs are products of the New Deal era and the Social Security Act, an event to which both income support and income maintenance programs can trace their origins. Those whose handicaps result from the negligence of others are the recipient of payments made under the tort system. And yet others with specific handicaps are able to benefit by programs which have a more narrow concern for those with particular impairments.

In any such assessment, one basic question that must not be overlooked is: How can transfer payment programs remain fair to all while achieving their stated objectives at the lowest possible administrative costs? Other questions of concern are:

Do present programs replace lost income and alleviate poverty among the handicapped to the desired extent, i.e., are they adequate?

What structural changes can be made to improve program operation?

How can transfer programs for the handicapped be integrated with a negative income tax scheme?

Services

While cash transfers and employment income provide the basic sustenance to the handicapped, there is also a wide array of services available to them. These services include counseling and guidance, medical and health services, employment services -- including information about the employment market, training services, physical adaptation of jobs, removal of architectural barriers, affirmative action programs, and programs designed to lessen discrimination against the handicapped.

Along with the special nature of public-private sector activity in the area of services, a number of additional questions require consideration including:

Do present services produce the desired output at least cost?

Are the benefits of the services distributed equitably among the handicapped? For example, is the requirement in the federal-state vocational rehabilitation program for preference in services to the severely disabled appropriate?

What is the best mechanism for establishing priorities for how and for whom service dollars should be spent?

Definitions And Counts

To the person confined to a wheelchair or unable to walk without crutches the term handicap is a real and ever present fact. He may need no elaborate definitions to convince him of his state and he may be impatient with conferences where agendas are cluttered with conceptual issues.

Yet he, together with his more able-bodied colleagues, faces a world ruled by definitions. The definitional barriers which prevent him from enrolling in a program may be every bit as real as the architectural barriers which prevent the wheelchair-bound from entering a building. At times it appears that we all live in a "Catch-22" world where the same person is judged too disabled to

receive rehabilitation services from one program and not disabled enough to receive benefits from another. If programs cannot agree on a single concept of the handicapped or the disabled it should not be surprising to see the same cloudiness prevail as we carve out concepts for purposes of counting the disabled or listing their characteristics.

We begin by viewing disability as the end result of a series of circumstances leading to an inability to perform any of the major life functions. The process begins with a disease or pathological condition which leads to an impairment or a "physiological, anatomical and/or mental deviation."* For example, the impairment may be the loss of strength due to deteriorated muscle tissue or the loss of a limb. Each suggests a deviation from standard biological structure or function. The impairment in turn may cause some limitation in physical or mental functioning which may be responsible, when considered with other factors, for a disability or an inability to perform in one's generally recognized social role. Confusion is apparent as attention is turned to determining where along this spectrum the handicapped are.

Handicap is often defined as disadvantaged. Certainly a disabled person meets this rather simple notion. But there are surely many of the functionally limited-nondisabled who are also physically or mentally handicapped. Also, many of the impaired who have no specific limitation might be judged disadvantaged as a result of their health. Someone who is unhealthy but is capable of performing the major physical functions would fall in this group.

These problems point up the broad interpretation often found for handicap. Until agreement can be reached on more specific usage of terminology we prefer the disability model.

How many disabled people are there? The 1966 Social Security Survey found that 17.8 million people of the non-institutionalized population between 18 and 64 were disabled for longer than six months in 1966. The total included 6.1 million persons (5.9% of the population) classified as <u>severely disabled</u>, i.e., unable to work regularly or unable to work at all. Of this group 3.7 million or 3.6% of the

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* See Saad Nagi, "Disability Concepts and Prevalence" paper given at First Mary Switzer Memorial Seminar, Cleveland, Ohio, May 1975, for a more detailed discussion of the distinctions.

population were unable to work at all. Five million persons (4.9% of the population) were occupationally disabled, defined as being unable to work at the job held prior to onset or unable to work full-time; and 6.6 million persons (6.4% of the population) had secondary work limitations, defined as able to work full-time regularly, but with limitations in the kind or amount of work they could perform.

Such concepts do not fully capture the population with which the participants of this Conference are concerned, but the notion of disability as used in the Social Security Survey is rather inclusive and underlies many of the definitions and counts characteristic of the disabled population.

Programs And Support

Numerous public and private programs converge in their support of the disabled. Some programs such as the Social Security Disability Insurance program (DI), SSI, Workers' Compensation and Vocational Rehabilitation serve only the disabled. Other programs, including, for example, food stamps, general manpower training plans, AFDC, and unemployment compensation, serve the disabled as well as the non-disabled. The bewildering number and variety of programs begins to make more sense as we realize each exists for different reasons.* We do not argue that the structure is wholly rational and that it cannot be improved, but only want to recognize that programs have different announced reasons for being.

In the first category are the various social insurances, the government plans under which individuals are required to contribute to a program that guarantees the continuation of a portion of the person's income stream in the event of certain contingencies; in our case the chance of a health condition leading to a disability. Eligibility is directly contingent to contributing status and their essential purpose is to maintain the income of those whose income stream is interrupted due to

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* We note here that much of the aggregate data to follow includes short-term disabled, a group not often deemed handicapped since their condition will disappear over time. Thus, as an estimate of expenditures on the long-term handicapped, our numbers are clearly an overestimate. The area where this problem is most significant is in health care programs where we sought to include all non-routine expenditures. In this way we include most who receive care and are unable to work (i.e., disabled). But a narrower focus on only those who could expect to have their impairment last a long period would generate lower figures.

disability. In part also they provide a floor below which income is not allowed to fall. The Social Security Disability program, Workers' Compensation, the several state and railroad temporary disability plans and Medicare are some of the major programs classed as social insurance.*

In the second group of programs, payments are based not only on disability but veteran status as well. The major programs include the veterans' compensation and pension programs along with the medical and various support services that are available.

The third group we label as risk aversion. It includes group and privately secured insurance including the formal sick leave and disability provisions of the retirement agreement between employer and employee. Payments are made for many of the same contingencies as in the social insurances, but the individual must have anticipated the contingency and made premium payments because of the desire to spread the risk. In certain programs, the payments of premiums are made on his behalf while in either case, the payments are made voluntarily and without governmental compulsion. An important aspect of risk aversion programs is that they are responsible for a good deal of the difference in treatment accorded the disabled. This is one area where income, tastes for risk and pre-disability situation each enter into how the cost burden of a handicap is shared.

In the income support category, we include those programs designed specifically toward alleviating the poverty-stricken group of handicapped persons. These programs provide a last resort for those who "fall through the cracks" and miss the eligibility conditions of other programs. Income support programs include both cash support, such as SSI and AFDC, and in-kind plans such as food stamps and Medicaid.*

A person's disabling condition may be held to be the fault of others. In such cases the indemnity group of "programs" provides for payments.

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* The basic criterion that was used to determine whether or not to allocate a portion of expenditures for those programs where disability was not a direct eligibility factor was whether or not the disability resulted in the condition on which eligibility depended. Thus, a family receiving food stamps with a disabled member in the household would theoretically be included in the allocation of a part of the food stamp budget to disability. Of course, the existence of cases where the family would be receiving support regardless of the disability means our estimate is slightly inflated.

These are largely private sector payments arising out of tort cases where negligence can be shown. Automobile, malpractice and personal injury cases are the prominent examples. Growing dissatisfaction with this group has led to the enactment of no-fault legislation.

A final group of other programs is a potpourri of direct service programs and largely defies classification as to reason for payment. The most significant of the programs here is the federal-state vocational rehabilitation program which is based upon a human capital investment theory.

We have sought to aggregate expenditures related to the disabled including short-term as well as long-term disabled. Although we were able to identify over 80 programs, we have undoubtedly overlooked some, particularly in the state-local and private direct service category. Our look at these areas leads us to suggest that the figures reported below, while an understatement of the total, represent a lower found not far from the "correct" figure.

In sum, we estimate the public and private expenditure in 1973 on the disabled to be $83.1 billion, a large figure indeed. Slightly over half of this figure or $46.6 billion is in the form of medical care or payments. For example, a two-week hospital stay, paid for by an insurance carrier, is included because the person clearly met the definition of disability, that is an inability to perform in his normal social role. Yet, even if only a quarter of the payments would be classed under disability or the handicapped if a stricter long-term based definition were utilized, the total would remain in the area of $48 billion, certainly not a paltry sum.

Transfers accounted for $34.2 billion, with somewhat less than a third being in the private sector. The private sector transfers include sick leave, disability insurance payments, and automobile, malpractice and other bodily injury plans. Services accounted for the remaining $2.3 billion. The public share was 63% or $52.3 billion.

The single major public transfer program for the disabled is the Social Security Disability Insurance program. Payments are made to covered persons who have a physical or mental impairment that has lasted, or is expected to last, 12 months or more and who, as a result of this impairment, are unable to engage in substantial gainful employment. There is also a program of payments to widows of covered workers who become disabled within seven years after the death of the covered workers.

Payments are made out of a special DI trust fund with money raised through a payroll tax of equal amounts on employers and employees.

The trust fund also supports vocational rehabilitation efforts for those recipients for whom there is a chance of being restored to the labor force. Recent studies have shown that these efforts lead to a reduction in trust fund outlays and an increase in payroll tax contributions which together are somewhat larger than the cost of providing services.

In fiscal 1975 cash benefits from the DI trust fund totalled $7.6 billion, a rather large increase from the $6.2 billion that was expended the prior year. There were 3.9 million beneficiaries as of December 1974 and this had grown to 4.2 million as of August 1975. With payments in latter months totalling $783.5 million we find an average payment of approximately $187 a month.* The average benefit awarded during September 1975 was $241.37 per month for a disabled worker.

Two difficulties the program faces are its long-run financial status and the administration of the disability determination process. At the current rate of growth for expenditures and receipts the trust fund will have to draw down on its reserves, a result that signals the need for a change. One current proposal would raise the tax rate. An alternative, using general revenue taxes, has been suggested but not yet implemented. A positive aspect of such an approach would be the decreased reliance on a regressive payroll tax and a shift to the progressive federal tax structure. But a shift of this nature would alter the basic social insurance character of the program, something advocates of the payroll tax approach believe will weaken support for the program.

The new Supplemental Security Income (SSI) program, effective as of January 1, 1974, involves direct cash payments to the aged, blind or

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* Data and information sources for DI and other programs are too numerous to list. Some major sources are the monthly Social Security Bulletin along with its Annual Statistical Supplement, The Catalog of Federal Domestic Assistance, the Appendix to the U.S. Budget, Veterans' Administration Annual Report, Life Insurance Fact Book, Sourcebook of Health Insurance Data and numerous books, articles and Congressional reports. One particularly valuable source is the Directory of Federal Programs for the Handicapped, compiled by Edward Klebe which can be found in the Congressional Record - Senate, January 29, 1974, S613-S621. Also see Handbook of Public Income Transfer Programs, Paper No. 2 in Studies in Public Welfare, Staff Study for Subcommittee on Fiscal Policy of the Joint Economic Committee, October 1972.

totally disabled person who meets certain income and resource requirements.* The program is basically one where the federal government provides a minimum support that states may supplement. SSI recipients who would have been better off under AB, APTD and OAA must be supplemented by the states but new eligibles need not be so covered. The federal government will administer the supplements if the states wish.

In September 1975, the total federal payments plus the federally administered state supplementation (29 states plus the District of Columbia have opted for federal administration of their supplements) totalled $263.2 million for the disabled and $16.7 million for the blind. State administered supplementation for July 1975 (the latest month for which data is available) was $6.3 million for the disabled and $296,000 for the blind. The number of persons receiving federally administered payments as of September 1975 was 1,854,545 disabled and 73,875 blind.

The average monthly payments of September 1975 for the disabled in those states where there are federally administered supplements ranges from $197.54 in California to $95.93 in Kansas.* For the blind the range is from $211.02 in California to $108.76 in Montana. Calculations for an earlier period revealed that although SSI was likely responsible for a significant rise in the mean payment level, the program had not significantly reduced the variance in average payments across states.

Two major programs are the Veterans' Compensation and Pension plans. The former covers service-connected disability while the latter is directed toward veterans with non-service connected disability. The

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* SSI is reviewed in the following two sources: The New Supplemental Security Income Program - Impact on Current Benefits and Un-Resolved Issues, Paper No. 10 - Studies in Public Welfare, Staff Study for Subcommittee on Fiscal Policy of Joint Economic Committee, October 1973; and James R. Storey, "The New Supplemental Security Income - Implications for Other Benefit Programs," Policy Sciences, V. 6, 1975, pp. 359-374.

* This discussion is limited to the states with federally administered supplementation because the combined figures for average federal and state payments are not available in those states that have chosen to administer their own supplements.

calculation of support in the compensation program is based on percentage impairment determinations. A medical review establishes the percentage of disability based on an estimate of the effect the condition would have on earning capacity. Thus, there is no means or work test. For each percentage disability a table is consulted where the monthly payment is given. As of August 1975, for example, a veteran with a 10% impairment and no dependents would receive $35 per month with the amount rising to $364 per month for 90% and $655 for 100%.

The pension program is for veterans with limited resources and a non-service connnected permanent and total disability. Attainment of age 65 is taken as proof of total disability. For those below 65 the percentage impairment necessary to qualify varies with age. The amount a person will receive depends on income and assets rules.* Effective January 1, 1975, for a qualified veteran with no dependents and annual income below $300, the monthly pension is $160. For those veterans with an annual income of $3,000 the payment is $5 per month.

The combined programs paid out over $4.6 billion in 1973. Separate payments are made to survivors in cases of death. Also, numerous other forms of services are available to veterans including educational assistance, medical care, vocational rehabilitation (including subsistence allowances) and payments to assist disabled veterans to purchase specially adapted housing and automobiles.

The Costs of Handicaps

The costs of a handicap include not only the direct expenditures to overcome the immediate consequences of the condition but also the lost income, the value of the ability to perform tasks the person is now incapable of doing, the value of opportunities or choices that must be foregone, and the psychic costs of pain, suffering, loss of self-image and independence and so on. Each of these costs lowers

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* Many sources exist for further information about these programs. See, for example, the Veterans' Administration Annual Report; Levitan and Cleary, Old Wars Remain Unfinished, Johns Hopkins University Press, Baltimore, 1973; Those Who Served, Report of the Twentieth Century Fund Task Force on Policies Toward Veterans, New York, 1974; Lindsay, Veterans' Administration Hospitals, American Enterprise Institute for Public Policy Research, Washington, D.C., 1975; and Research and Statistics Notes, HEW, SSA, Office of Research and Statistics, Notes No. 7 and No. 18, 1975.

the level of an individual's well-being. Only when we can fully eliminate or compensate for these costs (which in some cases is clearly impossible) can we put the person in a status equivalent to the pre-handicap situation.

Clearly, the handicapped are burdened with costs beyond those normally associated with the non-handicapped population. In part, these costs define the boundaries of the problem. When the costs of an impairment are high and cannot be shifted to others, the impact of the impairment is likely to be large and hence a severe disadvantage for the impaired person. When many of the costs can be offset through mechanisms such as the expenditure of resources in public programs, the problems associated with the handicap are lessened.

Given these available resources, some specific, measurable objective, certain information about how effectively these resources can be utilized and information on the characteristics of those to be served, what is the best way to spend these resources? Although all disability could perhaps be eliminated (assuming the necessary knowledge and technology were available), achieving such a goal may simply be too costly. It is important to recognize that "too costly" refers to something larger than dollar expenditures. We mean the term to imply, too costly in the sense of other opportunities that must be foregone because the limited resources were diverted to other uses. For example, increasing expenditures for handicapped children may mean less dollars spent on non-handicapped children. Important decisions must be made as to how much of the resources should be transferred. The transfer of funds suggests we value what the given amount of resources can do for handicapped children more than what these resources could do in their prior use. It may be easy to reach a large majority on some of these judgments, but often the choices are less clear and subject to considerable controversy.

The Conference participants must be concerned with determining whether or not the allocation of resources that results from the current structure is appropriate. To make this judgment, it is apparent that substantial information is required. We must be knowledgeable about the ability of the person to work, the insurance protection the person has secured for himself, either through public or private means, the added cost burden associated with the handicapped and many other factors that will determine the situation for the handicapped.

In addition to these objective pieces of information, we must consider society's values and preferences, including the opinions of the handicapped. Thus we must decide how a disabled person who is unable to work will be supported by society. Currently, the eligibility

requirements for the programs establish who will receive varying amounts and kinds of assistance. These conditions must be re-evaluated and judged on current standards. Questions include: (1) should predisability status or source of disabling condition be important in determining the amount and kind of support; (2) what is an adequate standard of living for persons with handicaps of varying degrees of severity; (3) how should society share the costs of the handicap?

The health of the economy can also explain much of the variation in the situation of the handicapped. Programs for the handicapped are more likely to grow in coverage and level of support during expansionary rather than recessionary times. The handicapped will find improvement in the same way as other groups whose labor force participation is affected by the need for their services. Whether true or not, employers often perceive extra costs or lower productivity associated with hiring the handicapped. But, as the demand for a product grows, the employer will turn to new workers to expand production. Thus, a growing economy can counteract employer reluctance to hire the handicapped.

The reverse findings hold when the economy weakens. Inflation may also have a negative influence on the handicapped. The consequences of inflation for many of the handicapped are reduced by cost-of-living adjustments in transfer programs and the growth of public expenditures in other programs. Trends over the recent years show expenditures in these areas more than keeping pace with inflation.

In the long run, resorting to utilizing market incentives as the means to encourage the private sector to increase demands for the disabled, with the public sector there to meet the needs of those unable to work, is likely to be most effective. Attempts through legislation to alter employer demands for the handicapped may not be as powerful as the forces that will come into play in a growing free-market economy.

For a number of reasons, the private market may fail to operate efficiently and in the best interests of the handicapped and there thus arises a need for public intervention. Public action can vary between provision of a good to direct production of the good to subsidies or penalties to encourage optimal private-market behavior. As we turn to the demands of the handicapped, it is useful to see why certain goods valuable to the handicapped go unproduced. Why are wheelchairs produced and seeing-eye dogs trained? Why are specially adapted buses and buildings so difficult to have built?

Private markets operate in response to demands. Because there are not a relatively large number of people with large incomes demanding special goods and services for the handicapped, the quantity demanded and the price they are capable and willing to pay is too low to make production worthwhile. If we could find a way to increase demand or lower the costs of production, we could move to a situation where supply might equal demand.

One option to alter demand is to give the handicapped more income with which to demand the goods they desire. A second possibility is to find ways, through research, to produce the goods in question at lower cost. For example, some way to alter housing or transportation so that it will be accessible at a reasonable price would be a significant improvement. Similarly, a Government subsidy, should the private sector be moving too slowly, could encourage research and production along these lines. Legal action could require the supply of certain goods to be set at acceptable levels. Government could produce the goods in question itself as in many of the programs for veterans.

A product of this conference could very well be a research agenda directed at answering specific questions about the costs of handicaps and how impairments cause disabilities, particularly how social factors interact with individual characteristics to determine whether or not an impaired person becomes disabled. Another area where information would be useful is the incentive structure needed to achieve satisfactory employer behavior with regard to safety precautions, insurance plans and hiring policies.

Summary and Conclusion

We have argued for serious consideration of a number of economic questions that concern the handicapped. Several issues of direct concern deserve to be reiterated. How is handicap to be defined and will classification based on cost burden, medical measurement or some other means be most valuable? A second problem area is the structure of support for the handicapped. How should the public role be altered, how is differential treatment to be determined and how can effective incentives in the private market be structured to achieve the desired ends? One of the most significant matters that must be dealt with is the treatment of the handicapped vis-a-vis other disadvantaged groups.

Of major importance in all the discussion is that we retain the focus on the general goals we seek to achieve, the fact that alternative methods to arrive at the desired ends are available, and that each option has a cost. For example, does an increase in

transfers to the handicapped improve the chances of attaining dignity and independence more or less than if the same amount were spent to enforce a legislative edict?

Along with judging the efficiency with which money is spent, we must evaluate the distribution of these resources. Should the severely handicapped receive priority in transfers and the less severely handicapped preference for services? Should the aged and children receive greater per capita support than those in the working age group?

The participants at this conference must come to grips directly and not implicitly, as has often been the case in the past, with these kinds of questions. Legislation and legal rulings have specified strict funding and staffing rules for (sometimes) well-defined classes of people. The handicapped deserve a voice in establishing these rules. But, it must be a reasoned voice and, to be effective, a voice based on an understanding that limited resources require choices and that each option has numerous cost and equity implications. Each option must be considered in relation to general goals and the most appropriate choices must be defended effectively and with vigor by all concerned citizens.

ISSUES

ECC II-1 What measures should be taken to assure continued federal and state focus on the goal of serving the disabled consumer in job preparation programs?

ECC II-2 How can adequate job preparation, and continued preference, for the severely disabled veteran, especially those with compounding minority status and little job training, be guaranteed and expanded?

ECC II-3 How can existing federal and state personal income tax provisions be modified to guarantee equitable tax treatment for handicapped persons?

ECC II-4 How can existing state taxes on real property be modified to improve access to adequate housing for handicapped individuals?

ECC II-5 How can tenant regulations be modified to permit equal rights to rental, leased or other housing for disabled persons?

ECC II-6 How could existing state and local sales taxes be modified to improve the quality of life for handicapped individuals through reduced costs for food, prescription medication and clothing?

ECC II-7 What federal, state and local regulations must be changed to secure a universally acceptable identification card for handicapped individuals, other than a driver's license, to facilitate financial and social transactions necessary to activities of daily life?

ECC II-8 What legislation is needed to correct barriers to credit?

ECC II-9 How could the Second Injury Clause of the Worker's Compensation Laws be modified to permit employment?

ECC II-10 How can transfer programs for handicapped persons be integrated with a negative income tax plan?

ECC II-11 How can provisions of existing federal programs support efforts to develop and implement effective job placement programs?

ECC II-12 How can we ensure that rehabilitation specialists have the technical skills needed to execute job placement for handicapped persons?

ECC II-13 How may the performance of the U.S. Employment Service be improved to facilitate greater job opportunities for handicapped individuals?

ISSUES

ECC III-1	How can existing state disability insurance laws and regulations be modified to assure adequate income maintenance?
ECC III-2	What is the appropriate role for the sheltered workshop?
ECC III-3	What is the appropriate role for the work activity center?
ECC III-4	Should sheltered workshops be decentralized into neighborhood locations, adjacent to existing work locations, or with community residential facilities?
ECC III-5	Should work activity centers for non-employable disabled individuals be operated by public agencies such as schools, municipal recreation departments, or day-care agencies?
ECC III-6	What should be the alternatives for handicapped persons for whom employment should not be an objective?
ECC III-7	Should the legislative requirement in the Rehabilitation Act of 1973 for preference in services to the severely disabled be modified to include all categories of disability?
ECC III-8	How can advocacy and legal services be provided to mentally disabled persons who become naive offenders, or who suffer economic hardship due to civil or criminal proceedings?
ECC III-9	How can Supplemental Security Income (SSI) programs be modified to improve interim income maintenance for permanently and severely handicapped individuals?
ECC III-10	How can the Social Security Disability Insurance Fund be modified to permit expanded benefits to severely disabled persons without functioning as a disincentive to work?

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